

PART B - FEE(S) TRANSMITTAL

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03/28/2006

MICHAEL BEST & FRIEDRICH, LLP

100 E WISCONSIN AVENUE

MILWAUKEE, WI 53202

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01 FC:1501

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Susanne Kozlowski

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/674,629

09/29/2003

Pascal Desbiolles

085488-9120

4705

TITLE OF INVENTION: ABSOLUTE ANGLE SENSOR WITH A MAGNETIC ENCODER HAVING EVEN SPACED REFERENCE PULSES

APPLN. TYPE

SMALL ENTITY

ISSUE FEE

PUBLICATION FEE

TOTAL FEE(S) DUE

DATE DUE

nonprovisional

NO

\$1400

\$300

\$1700

06/28/2006

EXAMINER

ART UNIT

CLASS-SUBCLASS

AURORA, REENA

2862

324-207250

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael, Best &
Friedrich LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Timken US Corporation

Torrington, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-3080 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Carlo M. Cotrone

Date

6-22-06

Typed or printed name

Carlo M. Cotrone

Registration No.

48,715

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